

TITLE IV APPLICATION AND ENFORCE- MENT OF GROUP HEALTH PLAN REQUIREMENTS

Subtitle A Application and Enforcement of Group Health Plan Requirements

SEC. 401. GROUP HEALTH PLAN PORTABILITY, ACCESS, AND
RENEW-
ABILITY REQUIREMENTS.

(a) IN GENERAL.—The Internal Revenue Code of
1986 is
amended by adding at the end the following new
subtitle:

"Subtitle K Group Health Plan Port- ability, Access, and Renewability Requirements

"Chapter 100. Group health plan portability, access, and renewability
requirements.

"CHAPTER 100 GROUP HEALTH PLAN PORTABILITY, ACCESS, AND RENEWABILITY REQUIREMENTS

"Sec. 9801. Increased portability through limitation on preexisting
condition exclusions.

"Sec. 9802. Prohibiting discrimination against individual
participants and beneficiaries based on health status.

"Sec. 9803. Guaranteed renewability in multiple employer plans and
certain multiple
employer welfare arrangements.

"Sec. 9804. General exceptions.

"Sec. 9805. Definitions.

"Sec. 9806. Regulations.

"SEC. 9801. INCREASED PORTABILITY THROUGH LIMITATION ON
PREEXISTING CONDITION EXCLUSIONS.

"(a) LIMITATION ON PREEXISTING CONDITION
EXCLUSION PERIOD:

CREDITING FOR PERIODS OF PREVIOUS COVERAGE.—

Subject to subsection (d), a group health plan may with respect
to a participant or beneficiary impose a preexisting condition
exclusion only if—

"(1) such exclusion relates to a condition
(whether physical or mental), regardless of the cause of the
condition, for which
medical advice, diagnosis, care, or treatment was
recommended or received within the 6-month period ending on
the enrollment
date;

"(2) such exclusion extends for a period of not
more than
12 months (or 18 months in the case of a late
enrollee) after

the enrollment date: and

"(3) the period of any such preexisting condition exclusion is reduced by the length of the aggregate of the periods of creditable coverage (if any) applicable to the participant or beneficiary as of the enrollment date.

"(b) DEFINITIONS.—For purposes of this section—

"(1) PREFEXISTING CONDITION EXCLUSION.—

"(A) IN GENERAL.—The term "preexisting condition

exclusion" means, with respect to coverage, a limitation or exclusion of benefits relating to a condition based on